



# Application for Employment

Human Resources Department  
500 W. Big Beaver Rd.  
Troy, MI 48084  
248-680-7296  
[www.troymi.gov](http://www.troymi.gov)

**INSTRUCTIONS:** Type or print in ink. Complete all sections, even if you attach a resume.  
Return the completed application to the City of Troy Human Resources Department (address listed above).

POSITION TITLE <b>Library Aide PT (Technical Services)</b>				DATE	
LAST NAME		FIRST	MIDDLE	NICKNAME	
				LAST 4 DIGITS OF SOCIAL SECURITY NUMBER	
ADDRESS				DRIVER LICENSE NUMBER	
				STATE	
CITY		STATE		ZIP CODE	
				EMAIL ADDRESS	
PRIMARY PHONE NUMBER Indicate: Home / Work / Cell		ALTERNATE PHONE NUMBER Indicate: Home / Work / Cell		ADDITIONAL PHONE NUMBER Indicate: Home / Work / Cell	
DATE YOU CAN START WORK			SALARY DESIRED		

<p>Are you a current City of Troy employee? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If under 18, proof of eligibility to work (work permit) will be required.</i></p> <p>Have you applied to the City of Troy in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, indicate position(s) and date(s):</p>	<p>Are you a former City of Troy employee? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, when: _____ Position Held: _____</p> <p>Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Proof of citizenship or immigration status will be required upon employment.</i></p> <p>Are you a veteran of the US Military? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, indicate branch of service and rank:</p>
<p>Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, indicate when, where and the nature of the offense:</p>	<p><i>A conviction record will not necessarily be a bar to employment and other factors such as age and time of the offense, seriousness and nature of the violation and rehabilitation will be taken into account.</i></p>
<p>Have you ever been employed under a name other than the name you use now? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, list name(s):</p>	
<p>Are you related to anyone employed by, or an elected official of, the City of Troy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, provide the person's name, department and your relationship:</p>	
<p>Can you perform the essential duties of the job in which you wish to be employed, with or without accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, explain:</p>	

**EDUCATION AND TRAINING** – Submit proof of degree or certification for all relevant post-secondary studies.**High School**

NAME OF SCHOOL and LOCATION (City, State)	Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If no:	
	Do you have a GED?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you in High School now?	<input type="checkbox"/> Yes Current Grade: _____

**Vocational/Technical Training**

NAME OF SCHOOL and LOCATION (City, State)	COURSE OF STUDY OR CERTIFICATION RECEIVED	Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Number of weeks attended	_____
		Number of hrs per week	_____
NAME OF SCHOOL and LOCATION (City, State)	COURSE OF STUDY OR CERTIFICATION RECEIVED	Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Number of weeks attended	_____
		Number of hrs per week	_____

**Undergraduate** (Include Community Colleges)

NAME OF SCHOOL and LOCATION (City, State)	COURSE OF STUDY (MAJOR)	Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		If yes: Type of Degree (i.e. BA/BS)	_____
		If no: Number of credits completed	_____
NAME OF SCHOOL and LOCATION (City, State)	COURSE OF STUDY (MAJOR)	Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		If yes: Type of Degree (i.e. BA/BS)	_____
		If no: Number of credits completed	_____
NAME OF SCHOOL and LOCATION (City, State)	COURSE OF STUDY (MAJOR)	Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		If yes: Type of Degree (i.e. BA/BS)	_____
		If no: Number of credits completed	_____

**Graduate**

NAME OF SCHOOL and LOCATION (City, State)	COURSE OF STUDY (MAJOR)	Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		If yes: Type of Degree (i.e. MA/MS)	_____
		If no: Number of credits completed	_____
NAME OF SCHOOL and LOCATION (City, State)	COURSE OF STUDY (MAJOR)	Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		If yes: Type of Degree (i.e. MA/MS)	_____
		If no: Number of credits completed	_____

Other Skills, Certifications, Licenses or Registrations:

Other Training Received:

**EMPLOYMENT HISTORY**

List your employment history for at least the last 15 years.  
Include all **ALL JOBS** you have held in this period beginning with your current or most recent job.  
List each job you held with the same employer separately. Attach additional pages if necessary.

<b>JOB 1 – CURRENT OR MOST RECENT EMPLOYER</b> COMPANY NAME and LOCATION (City, State)	AVERAGE WORK HOURS PER WEEK	EMPLOYMENT DATES mm / yy  STARTED ____/____  ENDED ____/____	SUPERVISOR NAME   SUPERVISOR PHONE NUMBER	REASON FOR LEAVING   ENDING PAY
JOB TITLE  DESCRIBE WHAT YOU DO/DID				

<b>JOB 2 – NEXT MOST RECENT EMPLOYER</b> COMPANY NAME and LOCATION (City, State)	AVERAGE WORK HOURS PER WEEK	EMPLOYMENT DATES mm / yy  STARTED ____/____  ENDED ____/____	SUPERVISOR NAME   SUPERVISOR PHONE NUMBER	REASON FOR LEAVING   ENDING PAY
JOB TITLE  DESCRIBE WHAT YOU DID				

<b>JOB 3 – NEXT MOST RECENT EMPLOYER</b> COMPANY NAME and LOCATION (City, State)	AVERAGE WORK HOURS PER WEEK	EMPLOYMENT DATES mm / yy  STARTED ____/____  ENDED ____/____	SUPERVISOR NAME   SUPERVISOR PHONE NUMBER	REASON FOR LEAVING   ENDING PAY
JOB TITLE  DESCRIBE WHAT YOU DID				

<b>JOB 4 – NEXT MOST RECENT EMPLOYER</b> COMPANY NAME and LOCATION (City, State)	AVERAGE WORK HOURS PER WEEK	EMPLOYMENT DATES mm / yy  STARTED ____/____  ENDED ____/____	SUPERVISOR NAME   SUPERVISOR PHONE NUMBER	REASON FOR LEAVING   ENDING PAY
JOB TITLE  DESCRIBE WHAT YOU DID				

Additional Information (i.e. work schedule availability, special skills, relevant military or volunteer experience):

**ATTENTION - THIS STATEMENT MUST BE SIGNED**

I authorize the references and previous employers listed above to give you any and all information concerning any previous employment and pertinent information they may have, personal or otherwise. I release all parties from all liability and from all damages that may result. I specifically waive any rights to be notified under Section 6(3)(a) of the Michigan Bullard-Plawecki Act of the release of personnel file information by prior employers and of the release of personnel file information to prospective employers by the City of Troy. All of the statements provided by me in this Employment Application are subject to investigation by the City of Troy. I understand that a false answer to any question in this Application constitutes grounds to not employ me or grounds to terminate my employment, if hired.

If applying for a position in the Troy Police Department, I understand I am subject to a full background investigation, including finger print checks, a review of police and arrest records, and a review of any criminal conviction history. If applying for a position which involves working with children, I understand that I am subject to a background investigation which will include a review of any criminal conviction history.

I understand that neither this document nor any offer of employment constitutes a contract of employment. In consideration of my employment, I agree to conform to the rules and regulations established by the City of Troy. Further, I understand and agree that my employment is for no definite period of time and my employment and compensation can be terminated at any time, with or without cause, with or without notice, and without regard to the date of payment of my wages or salary, at the option of either the employer or myself. I understand that no employee has the authority to enter into any agreement to employ, an agreement for employment for any specific period of time, or make any agreement contrary to the foregoing, unless contained in an applicable collective bargaining agreement or individual employment agreement signed by myself and the City Manager.

Unless employed under a collective bargaining agreement, I further agree that any action or suit against the City arising out of my employment or termination of employment, including, but not limited to, claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary.

I further understand that to benefit from the protections of the Michigan Handicappers' Civil Rights Act, MCL 37.1101, et seq., I must notify the City in writing of the need for a handicap accommodation within 182 days of the date I knew or should have known that an accommodation was needed.

**APPLICANT SIGNATURE** (sign in ink) \_\_\_\_\_ **DATE SIGNED** \_\_\_\_\_